



VOLUNTEER APPLICATION

Name:		Social Security #
Address:		Phone:
City, State, Zip:		
Date of Birth:	Driver's License:	Expiration Date

WHERE DID YOU HEAR ABOUT US? _____

AUTOMOBILE INSURANCE COMPANY _____

AUTOMOBILE REGISTRATION CURRENT? YES ____ NO ____

HAVE YOU BEEN CITED FOR A MOVING VIOLATION IN THE PAST TWO YEARS?

YES ____ NO ____ IF YES, PLEASE EXPLAIN BRIEFLY: _____

DO YOU HAVE A CHRONIC ILLNESS OR DISABILITY? YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

DAYS AVAILABLE TO DRIVE PER WEEK: M T W TH F

START TIME PREFERRED: 9:00 A.M. OR NOON

CAN YOU SUBSTITUTE AS NEEDED? YES ____ NO ____ DAYS: M T W TH F

BUSINESS, PROFESSIONAL, OR VOCATIONAL EXPERIENCE: _____

PRIOR VOLUNTEER EXPERIENCE: _____

KNOWLEDGE OF FOREIGN LANGUAGE? _____

SPECIAL SKILLS, INTERESTS, OR HOBBIES? _____

PLEASE LIST TWO PEOPLE WE CAN CONTACT AS PERSONAL REFERENCES:

Name:	Phone:
Name:	Phone:

PERSON TO CONTACT IN AN EMERGENCY:

Name:	Phone:	Relationship:
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VOLUNTEER AGREEMENT

- I authorize the Senior Nutrition Services to request a law enforcement agency certification relating to criminal records
- I agree to abide by the procedures established by the Senior Nutrition Services in the delivery of meals to the elderly. Although I am not an employee of SNS, I understand I can be dismissed as a volunteer should my actions or performance, as a representative of the Agency be inconsistent with program standards. I also understand that I am not covered under the SNS liability, accident, or injury insurance.
- All volunteers are encouraged to remain active for a minimum of one year.
- Each volunteer must maintain a firm commitment to professional conduct:
 - a. Client files and or cases must be held in strict confidence.
 - b. Notification is necessary when absent from volunteer duties.
 - c. Advance notification of at least two weeks should be given when a volunteer plans to become inactive.
- Each volunteer is required to attend the volunteer orientation and is encouraged to attend in-service training.

I certify that all the statements in this application are true and complete to the best of my knowledge.

Signature of Applicant

DATE: _____